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To	Examiner Irlina S. Zemel			From	Norman L. Sims
	U.S. Patent & Trademark Office			Company	The Dow Chemical Company
Fax	(571) 273-8300 (central fax number)			Sender's Fax	248/391-6550
Phone	571/272-0577			Sender's Phone	248/391-6455
Appln. Serial No.	10/784,406			Dow Docket No.	62449A

Subject: RCE and Response to Final Rejection

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PTO/SO/97 (09-04)

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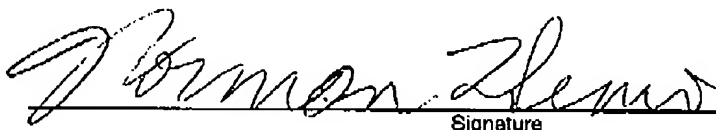
Application No. (if known): 10/784,406

Attorney Docket No.: 82449A

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on August 10, 2006
Date



Signature

Norman L. Sims

Typed or printed name of person signing Certificate

30,685

Registration Number, if applicable

(248) 391-6455

Telephone Number

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Request for Continued Examination Transmittal (1 page)

Processing Fee Transmittal (1 page)

Charge \$790.00 to deposit account 04-1512

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PTO/SB/17 (01-06)

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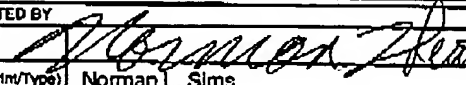
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FEE TRANSMITTAL For FY 2006		Complete if Known Application Number: 10/784,406 Filing Date: February 23, 2004 First Named Inventor: F. Krabbenborg Examiner Name: I. S. Zemel Art Unit: 1711 Attorney Docket No.: 62449A	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 790.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1512 Deposit Account Name: The Dow Chemical Co.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
2. EXCESS CLAIM FEES																					
Fee Description							Small Entity Fee (\$)														
Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							200														
Multiple dependent claims							360														
<table border="0" style="width:100%;"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____	_____	_____	_____	_____	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)															
_____	_____	_____	_____	_____	_____	_____															
HP = highest number of total claims paid for, if greater than 20. Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____ HP = highest number of independent claims paid for, if greater than 3.																					
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(u)(1)(G) and 37 CFR 1.16(s).																					
<table border="0" style="width:100%;"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	_____	_____	_____	_____				
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_____	_____	_____	_____	_____																	
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00														

SUBMITTED BY			
Signature: 	Registration No. 30,686	Telephone (248) 391-6455	
Name (Print/Type) Norman L. Sims		Date August 10, 2006	

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PRUSB/17 (01-06)

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FEE TRANSMITTAL For FY 2006		Complete If Known	
		Application Number	10/784,406
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 23, 2004
		First Named Inventor	F. Krabbenborg
		Examiner Name	I. S. Zemel
		Art Unit	1711
TOTAL AMOUNT OF PAYMENT		(\$)	790.00
		Attorney Docket No.	62449A

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1512</u> Deposit Account Name: <u>The Dow Chemical Co.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
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<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
<u>HP</u> = highest number of total claims paid for, if greater than 20.	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>				
<u>HP</u> = highest number of independent claims paid for, if greater than 3.	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>					
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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>			
<u>HP</u> = highest number of total sheets paid for, if greater than 100.	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							<u>Fees Paid (\$)</u>
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00

SUBMITTED BY			
Signature	<u>Norman L. Sims</u>	Registration No.	30,685
Name (Print/Type)	Norman L. Sims	Telephone	(248) 391-6455
		Date	August 10, 2006